



FEB 29 2012

Please type or print in ink.

NAME OF FILER

2012 MAR -1 PM 4:46
(LAST)

(FIRST)

(MIDDLE)

CANNELLA

ANTHONY

JOSEPH

1. Office, Agency, or Court

Agency Name

CALIFORNIA STATE SENATE

Division, Board, Department, District, if applicable

DISTRICT 12

Your Position

SENATOR

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 11

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2-28-12

(month, day, year)

Signature

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

CANNELLA, ANTHONY▶ **NAME OF BUSINESS ENTITY****NATIONAL RETAIL PROPERTIES**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

RETAIL PROPERTY MANAGEMENT

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name CANNELLA, ANTHONY

▶ 1. BUSINESS ENTITY OR TRUST

NORTHSTAR ENGINEERING GROUP

Name
909 14 STREET, MODESTO, CA 95354

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CIVIL ENGINEERING AND LAND SURVEY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	____/____/11	____/____/11
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ **S-CORP** Other _____

YOUR BUSINESS POSITION **SHAREHOLDER**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input checked="" type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

SEE ATTACHED LIST

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/11	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	____/____/11	____/____/11
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/11	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

NorthStar Engineering Group, Inc.

1-1-11 to 12-31-11

City of Atwater
C. Overaa & Co.
City of Ceres
City of Modesto Capital Improvement Services
Granite Construction
Knife River Construction
Next Bay Properties
Nichols Melburg & Rossetto Architects
City of Oakdale
Performance Mechanical, Inc.
Preston Pipelines
Santa Lucia Preserve
Stanislaus County Public Works
Teichert Construction
Twain Harte Community Services District
City of Tracy
Verde Design
Visionary Home Builders of California
Wagner & Bonsignore
WLC Architects

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name <u>CANNELLA, ANTHONY</u>	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
	Street address	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	City	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
	(Describe)	

FPPC Form 700 (2011/2012) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

Name

CANNELLA, ANTHONY

► NAME OF SOURCE

AMGEN

ADDRESS (Business Address Acceptable)

ONE AMGEN CENTER DR, THOUSAND OAKS, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 16 / 11	\$ 420.00	TICKETS
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ROLL GLOBAL

ADDRESS (Business Address Acceptable)

11444 WEST OLYMPIC BLVD, LOS ANGELES, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 8 / 11	\$ 340.00	TOUR, LODGING
/ /	\$	FOOD
/ /	\$	

► NAME OF SOURCE

THE DEL MAR THOROUGHBRED CLUB

ADDRESS (Business Address Acceptable)

PO BOX 700 DELMAR, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 21 / 11	\$ 275.00	ADMISSION, ROOM
/ /	\$	PARKING
/ /	\$	

► NAME OF SOURCE

LEGOLAND

ADDRESS (Business Address Acceptable)

1 LEGOLAND DR, CARLSBAD, CA 92008

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 1 / 11	\$ 420.00	TICKETS
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CALIFORNIA CITRUS MUTUAL

ADDRESS (Business Address Acceptable)

512 NORTH KAWEAH AVE, EXETER, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11	\$ 229.74	MEAL EXPENSE
4 / 26 / 11	\$ 78.95	MEAL
/ /	\$	

► NAME OF SOURCE

CHUKCHANSI ECONOMIC DEVEL AUTHORITY

ADDRESS (Business Address Acceptable)

46575 RD 147, BLDG C, COASEGOLD, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 11	\$ 208.56	TICKETS, LODGING
1 / 11 / 11	\$ 10.47	FOOD
12 / 12 / 11	\$ 36.67	FOOD

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name CANNELLA, ANTHONY

► NAME OF SOURCE
CALIFORNIA POULTRY FEDERATION
 ADDRESS (Business Address Acceptable)
4640 SPYRES WAY, STE 4, MODESTO CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11	\$ 225.06	FOOD
/ /	\$	
/ /	\$	

► NAME OF SOURCE
PACIFIC GAS & ELECTRIC
 ADDRESS (Business Address Acceptable)
1415 L ST, STE 280, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 11	\$ 145.90	FOOD
5 / 5 / 11	\$ 14.50	REFRESHMENTS
/ /	\$	

► NAME OF SOURCE
COUNCIL FOR LEGISLATIVE EXCELLENCE
 ADDRESS (Business Address Acceptable)
2150 RIVER PLAZA DR, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 75.45	FOOD
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CALIFORNIA CHAMBER OF COMMERCE
 ADDRESS (Business Address Acceptable)
1215 K ST, STE 1400, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 1 / 11	\$ 189.72	FOOD
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CALIFORNIA NEW CAR DEALERS ASSOCIATION
 ADDRESS (Business Address Acceptable)
1415 L ST, STE 700, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 107.52	FOOD AND DRINK
/ /	\$	
/ /	\$	

► NAME OF SOURCE
AMERICAN COUNCIL OF ENGINEERING COs
 ADDRESS (Business Address Acceptable)
1303 J ST, STE 450, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 61.58	FOOD AND DRINK
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D **Income – Gifts**

Name

CANNELLA, ANTHONY

► NAME OF SOURCE

THE FARMERS GROUP

ADDRESS (Business Address Acceptable)

1201 K ST, STE 1220, SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 12 / 11	\$ 57.65	FOOD AND DRINK
/ /	\$	
/ /	\$	

► NAME OF SOURCE

PERSONAL INSURANCE FEDERATION OF CA

ADDRESS (Business Address Acceptable)

1201 K ST, STE 970, SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 5 / 11	\$ 9.00	FOOD
7 / 21 / 11	\$ 411.00	EQUIP. & CLOTHING
/ /	\$	

► NAME OF SOURCE

MADERA FARM BUREAU

ADDRESS (Business Address Acceptable)

1102 SOUTH PINE ST, MADERA, CA 93340

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 25 / 11	\$ 50.00	GIFT BASKET
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CALIFORNIA AGRICULTURAL LEADERSHIP

ADDRESS (Business Address Acceptable)

425 WEST BLANCO RD, SALINAS, CA 93908

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 26 / 11	\$ 53.00	FOOD AND DRINK
/ /	\$	
/ /	\$	

► NAME OF SOURCE

KING CITY CHAMBER

ADDRESS (Business Address Acceptable)

200 BROADWAY, STE 40, KING CITY, CA 93930

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 11 / 11	\$ 50.00	GIFT BASKET
/ /	\$	
/ /	\$	

► NAME OF SOURCE

SCOTT SCHEID

ADDRESS (Business Address Acceptable)

751 CANNERY ROW, MONTEREY, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 18 / 11	\$ 100.00	2 BOTTLES OF WINE
10 / 21 / 11	\$ 100.00	2 BOTTLES OF WINE
/ /	\$	

Comments:

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name CANNELLA, ANTHONY

► NAME OF SOURCE
CALIFORNIA INDEPENDENT PETROLEUM ASSOC
 ADDRESS (Business Address Acceptable)
1001 K ST, 6TH FLOOR, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 11	\$ 269.34	GREEN FEES
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CRIME VICTEMS UNITED
 ADDRESS (Business Address Acceptable)
1415 L ST, STE 410, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 23 / 11	\$ 420.00	GREEN FEES,
/ /	\$	GOLF EQUIPMENT
/ /	\$	

► NAME OF SOURCE
MINORITES IN LAW ENFORCEMENT
 ADDRESS (Business Address Acceptable)
925 L ST, STE 850, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 21 / 11	\$ 409.00	GREEN FEES
/ /	\$	
/ /	\$	

► NAME OF SOURCE
PHRMA
 ADDRESS (Business Address Acceptable)
1215 K ST, 970, SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 23 / 11	\$ 409.00	GOLF EQUIPMENT
/ /	\$	
/ /	\$	

► NAME OF SOURCE
COALITION FOR A SAFER CALIFORNIA
 ADDRESS (Business Address Acceptable)
1020 12TH ST, STE 408, SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 23 / 11	\$ 420.00	GOLF EQUIPMENT
/ /	\$	
/ /	\$	

► NAME OF SOURCE
DAVID WRIGHT
 ADDRESS (Business Address Acceptable)
2001 NORTHCREST CT, MODESTO, CA 95355
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 18 / 11	\$ 160.00	CONCERT TICKETS
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

CANNELLA, ANTHONY

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
CALIFORNIA INDEPENDENT PETROLEUM ASSOC
ADDRESS (Business Address Acceptable)
1001 K ST, 6TH FLOOR
CITY AND STATE
SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
CIPA'S OIL SYMPOSIUM
DATE(S): 11 / 30 / 11 - 11 / 31 / 11 AMT: \$ 676.71
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
CA CORRECTIONAL PEACE OFFICERS ASSOC
ADDRESS (Business Address Acceptable)
755 RIVERPOINT DR
CITY AND STATE
WEST SACRAMENTO, CA 95605-1634
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
PANELIST
DATE(S): 7 / 21 / 11 - 7 / 23 / 11 AMT: \$ 1848.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
ACCOMMODATIONS \$1,460, FOOD \$388

► NAME OF SOURCE
APPLIED MATERIALS
ADDRESS (Business Address Acceptable)
3050 BOWERS AVE
CITY AND STATE
SANTA CLARA, CA 95054-3299
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
CLEAN ENERGY LEGISLATIVE ROUNDTABLE
DATE(S): 7 / 24 / 11 - 7 / 25 / 11 AMT: \$ 866.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
MINORITIES IN LAW ENFORCEMENT
ADDRESS (Business Address Acceptable)
925 L ST, STE 850,
CITY AND STATE
SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
PANELIST
DATE(S): 7 / 21 / 11 - / / AMT: \$ 60.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
FOOD

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

CANNELLA, ANTHONY

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
CRIME VICTIMS UNITED

ADDRESS (Business Address Acceptable)
1415 L ST, STE 410

CITY AND STATE
SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 7 / 22 / 11 - 7 / 22 / 11 AMT: \$ 56.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description
LUNCH

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____